

EXHIBIT E



**Proof of Death
Claimant's Statement**

NOTE :

* THE ORIGINAL CONTRACT IS
NOT AVAILABLE / NEVER RECEIV-
-ED IT. SORRY.

☒ American General Life Insurance Company
☐ The United States Life Insurance Company in the City of NY

A member of American International Group, Inc. (AIG)

Service Center: PO Box 818100, Cleveland, OH 44181

Overnight: ATTN: AIG - Production #2, 5575 Venture Drive, Unit A, Parma, Ohio 44130

To Be Completed By Each Beneficiary (please print)		Claim Number CF-17340-21	
POLICY NUMBER/GROUP NUMBER & CERTIFICATE NUMBER (If multiple policies, please list all) 4209668408			
DECEASED FULL NAME (include middle name) ROBERT WILLIAM RUTLEDGE		DECEASED SOCIAL SECURITY NUMBER [REDACTED]	DATE OF BIRTH [REDACTED]
CAUSE OF DEATH NATURAL / SICK	DATE OF DEATH JULY 15, 2021	List other hyphenations, nicknames, aliases and/or maiden names used by deceased in the past. N/A	
CLAIMANT'S NAME PRATIWI H. RUTLEDGE		DATE OF BIRTH [REDACTED]	SOCIAL SECURITY # OR TIN [REDACTED]
ADDRESS 19886 HARVEST DRIVE	CITY LAKEVILLE	STATE MN	ZIP 55044
RELATIONSHIP TO DECEASED SPOUSE			
EMAIL ADDRESS TIWIPRIYADI@YAHOO.COM		TELEPHONE NO. 612-590-0961	ALT NO. 763-219-0928
Have you assigned any of the proceeds of this policy to a Funeral Home? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, who have the proceeds been assigned to? _____ (If assigned, we must have the assignment papers to process the claim, please provide a copy of the Funeral Home assignment.)			
LIST EACH ASSIGNEE WITH CONTACT NUMBER			
I have read and I understand the important Fraud Disclosure information located on page 8 of this form. New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.			
AUTHORIZATION REGARDING ROBERT W. RUTLEDGE ("Insured") I, the Claimant / Legal Representative of the Insured authorize each insurance company listed above and American General Life Companies LLC (an affiliate services company) (collectively, the "Company") and their authorized representatives including their employees and agents, to provide information to, and, to receive information from, MIB Inc., which operates an information exchange that assists insurance companies with benefit administration, claims, and fraud prevention and detection activities. The authorization will be valid for the duration of the claim or 24 months, whichever is longer. I understand that I may revoke it by giving written notice to the Company, but any action taken by the Company before receipt of such notice will be valid. I acknowledge that I am entitled to obtain a copy of the authorization and a copy will be as valid as the original.			
PLEASE SIGN HERE [Signature]		PRATIWI H. RUTLEDGE 10/28/2021 Printed Name Date	
Signature of Claimant/Legal Representative of the Insured			
Certification of Trustee(s) complete this section only if Beneficiary is the Trust			
Name of Trust: N/A			
Tax ID of Trust: _____			
The undersigned hereby certify as follows:			
1. That they are Trustees under a Trust Agreement dated: _____ Amended: _____			
2. That they are the Trustees designated as beneficiary under the above numbered policy(ies);			
3. That said Trust Agreement is in full force and effect and that by its terms they are empowered to receive payment of the proceeds of the above policy(ies);			
4. That, if applicable, said Trust/Plan is presently fully qualified having met the requirements of Section 401(a) of the Internal Revenue Code.			
It is understood and agreed by the undersigned that payment of such proceeds to the Trustees shall discharge the Company from any and all liability therefore and that the Company shall have no responsibility for the carrying out of the Trust Agreement.			
The plural as used herein shall include the singular wherever applicable.			
Signed this _____ day of _____ 20 _____			
Individual Trustee(s): [Signature] (Trustee Signature) [Printed Name] (Printed Name)			
[Signature] (Signature)		[Signature] (Signature)	
[Printed Name] (Printed Name)		[Printed Name] (Printed Name)	
Corporate Trustee: _____ (Name of Corporate Trustee)			
By: [Signature] (Officer's Signature) [Printed Name] (Printed Name) [Title] (Title)			
(All co-trustees must sign.)			

----- Payment of Policy Proceeds -----

If your insurance benefit is \$50,000 or more, you may elect to have the proceeds paid through a free, interest-bearing account called the Instant Access Account. (This option is not available for residents of Alaska, Arkansas, Connecticut, Indiana, Kansas, Kentucky, Louisiana, Maryland, New Jersey, Rhode Island and New York.)

- This is a draft account whereby you may draw down the insurance proceeds and interest by drafting drafts which are payable through The Bank of New York Mellon.
- A personal draft book will be mailed to you once your claim has been approved. You may access your account by writing a draft for \$250.00 or more. If you wish, you can write a single draft for the entire amount, including interest, to close your account. Your drafts are payable through The Bank of New York Mellon. The delivery of your draft book constitutes payment of your full benefit amount.
- There are no monthly service charges, per-draft charges or draft fees. Fees will be charged for the following special services: any draft presented for payment against insufficient funds, any stop payment order, and any draft or statement copies. The charging bank reserves the right to change its fees at any time.
- Should your Instant Access Account balance drop below \$10,000, the account will be automatically closed and a draft for the balance mailed to you, with accrued interest on the 10th day of the following month.
- You will receive a Quarterly statement, showing all transactions, interest credited and the applicable rate(s) of interest for the period.
- Your Instant Access Account earns interest at a periodic interest rate determined by the company which is set after monitoring current short term rates and other prevailing rates available in the marketplace.
- The interest rate is subject to periodic review and may be adjusted by the company. There is not a minimum interest rate credited to the account.
- Interest is compounded daily and credited to your account monthly. Interest may be taxable; please consult with your tax advisor regarding taxable interest amounts.
- To obtain the current interest rate for your account, please review your Quarterly statement or call 1-888-562-9158 (M-F) 8 AM - 7 PM Eastern Time.
- Both your principal and any interest you earn are guaranteed by American General Life Insurance Company (American General Life).
- The Instant Access Account is not insured by the Federal Deposit Insurance Corporation (FDIC). Its funds are guaranteed by the State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage of your account.
- Account balances are the liability of American General Life, and American General Life reserves the right to reduce account balances for any payment made in error.
- Settlement options under any policy for which benefits are paid under a Instant Access Account are preserved until the entire Instant Access Account is withdrawn or the balance drops below \$10,000.00.
- If an initial life insurance benefit is less than \$50,000, American General Life will send you a check for the total benefit amount.
- Any value remaining in your Instant Access Account may be transferred to the appropriate state authority as unclaimed property if no activity occurs in the account within the time period specified by applicable state law.

If you have questions regarding the Instant Access Account, please call 1-888-562-9158 (M-F) 8 AM - 7 PM Eastern Time or write to Instant Access Account, P.O. Box 534025, Pittsburgh, PA 15253-4025.

Select one of the following choices:

- ☒ Lump sum payment - the death benefit is paid in a single lump sum settlement check.
- ☐ Proceeds left at interest - proceeds left on deposit with us earning interest at a rate we determine or at a rate specified in the contract if a higher rate is shown.*
- ☐ Instant Access Account - the death benefit is left on deposit with us earning interest at a rate we determine. The funds are accessible through an Instant Access Account, as described above.
- ☐ Payments for a specific period - you will receive equal monthly payments for a specific period you select. The number of payments you wish to receive is: _____ (in months).*
- ☐ Payments for a specific amount - you will receive equal monthly payments of an amount you selected until the death benefit, and any accrued interest, is paid in full. The amount of each payment you wish to receive is: \$_____.*
- ☐ Payments for life - you will receive equal monthly payments for your life. Upon your death, payments will cease.
- ☐ Payments for life with a guaranteed period - you will receive equal monthly payments for at least the guaranteed period* and payments will continue beyond that period until your death.

*Any amount remaining upon your death would be paid according to the beneficiary designation established for the payments.

Payment Mailing - provide the address to which lump sum check payments should be sent if different from the claimant address provided on page 2. In this section you can provide the policy's active Servicing Agent information for the Company to mail the check to your Agent.

Name/Address (Include business/entity name of address, if applicable)

City

State

Zip

If you do not select one of the options above for payment, any proceeds payable will be paid by company check.

Note: The signature on this Claimant's Statement will be used as your signature card for the Instant Access Account, if selected.



Signature

Date: 10/28/2021

Federal & State Withholding (must be completed):

Income Tax Withholding: The distribution(s) you receive from the Insurer may be subject to federal income tax withholding unless you are eligible to elect out of withholding and elect not to have withholding apply. (However, we must have your correct US Taxpayer Identification Number (TIN) on page 2 in order for you to elect into or out of withholding.) Withholding will only apply to the taxable portion of your distribution. Your withholding election will remain in effect until you revoke it. Unless you elect otherwise above, we will withhold 10% of the taxable amount of your distribution.

States with a state income tax either require mandatory withholding or allow voluntary withholding. If your state requires mandatory withholding, we will withhold the mandatory amount without regard to your election above. Should you elect state income tax withholding and fail to provide a specific dollar or percentage amount and your state of domicile does not provide a default state withholding amount, we will withhold for state income tax purposes 5% of the taxable portion of your distribution for state income tax. Should your state of domicile require a specific state withholding form, your state income tax withholding election will not be taken into account (and we will withhold based on the state mandatory withholding rate or our default state income tax withholding) until the required form is received at our Customer Service Center.

Withholding Election: If you are eligible to elect out of and elect not to have federal or state income tax withheld, please be advised that you may be liable to pay the federal or state income tax on your distribution as deemed appropriate by the Internal Revenue Service or state taxing authority, regardless of your election. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate.

Notice to non-resident aliens and for payments made outside the U.S.: A payment to a non-resident of the US or made to an address outside the United States may be subject to federal income tax withholding at a rate of 30% of the taxable portion of the distribution. The payee may submit a completed IRS Form W-8BEN (or if applicable, a Form W-8BEN-E) and elect reduced withholding if the payment is eligible for reduced withholding.

<p>Federal Withholding Election</p> <p><input checked="" type="checkbox"/> DO NOT withhold any federal income taxes unless mandated by law.</p> <p><input type="checkbox"/> DO withhold federal income taxes in the amount of \$_____ or _____ % (cannot be less than any mandatory withholding).</p>	<p>State Withholding Election</p> <p><input checked="" type="checkbox"/> DO NOT withhold any state income taxes unless mandated by law.</p> <p><input type="checkbox"/> DO withhold state income taxes in the amount of \$_____ or _____ % (cannot be less than any mandatory withholding).</p>
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The Company will provide you and the Internal Revenue Service with an informational tax form after the close of the calendar year.

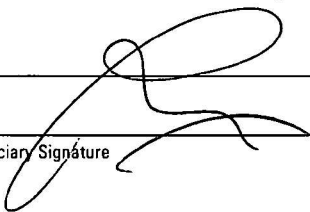
TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Claimant / Beneficiary Signature

Date 10/28/2021